

RECEIVED
CENTRAL FAX CENTER

FAX TRANSMISSION

FEB 25 2008

DATE: February 25, 2008

PTO IDENTIFIER: Application Number 10/579,529-Conf. #2999
Patent Number
Inventor: William G. Cance et al.MESSAGE TO: US Patent and Trademark Office
FAX NUMBER: (571) 273-8300FROM: EDWARDS ANGELL PALMER & DODGE LLP
Jeffrey D. Hsi
PHONE: (617) 517-5569
Attorney Dkt. #: 69774(49163)

PAGES (Including Cover Sheet): 4

CONTENTS: Certificate of Transmission (1 page)
POA and CORRESPONDENCE ADDRESS INDICATION FORM (2 pages)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 517-5569 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 239-0100 Facsimile: (617) 227-4420

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

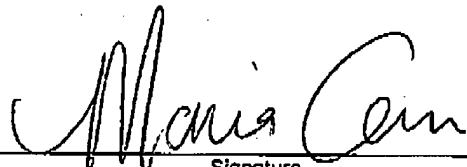
Application No. (if known): 10/579,529

Attorney Docket No.: 69774(49163)

RECEIVED
CENTRAL FAX CENTER
FEB 25 2008**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 25, 2008
Date



Signature

Maria Carr

Typed or printed name of person signing Certificate

N/A

Registration Number, if applicable

(617) 239-0100

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

POA and CORRESPONDENCE ADDRESS INDICATION FORM (2 pages)

RECEIVED
CENTRAL FAX CENTER
FEB 25 2008

02/25/2008 11:29 3522650701

UF SURGERYADMINST

PAGE 02/02

PTO/SB/11 (01-05)
Approved for use through 12/31/2006 GPO: 0031-0005
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/573,529-Conf. #289
Filing Date	May 18, 2005
First Named Inventor	William G. Cance
Title	METHODS AND COMPOSITIONS FOR INDUCING APOPTOSIS
Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket No.	89774(49163)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

- Practitioner(s) associated with the Customer Number: **21874**
OR
 Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- The address associated with the above-mentioned Customer Number:
OR
 The address associated with Customer Number:

 Firm or
Individual Name: Address: City: State: Zip: Country: Telephone: Email:

I am the:

 Applicant/Inventor. Assignee of record or the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record

Signature: Date: Name: **William G. Cance**Telephone: Title and Company: **Inventor**

NOTE: Signatures of all inventors or assignees of record or the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of **2** forms are submitted.

RECEIVED
CENTRAL FAX CENTER
FEB 25 2008

PTO/SB/51 (01-06)

Approved for use through 12-31-2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/579,529-Conf. #2999									
	Filing Date	May 15, 2008									
	First Named Inventor	William G. Cance									
	Title	METHODS AND COMPOSITIONS FOR INDUCING APOPTOSIS									
	Art Unit	N/A									
	Examiner Name	Not Yet Assigned									
	Attorney Docket No.	68774(49163)									
I hereby revoke all previous powers of attorney given in the above-identified application.											
I hereby appoint:											
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number: <input type="text" value="21874"/> OR <input type="checkbox"/> Practitioner(s) named below:											
<table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>				Name	Registration Number	Name	Registration Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Registration Number	Name	Registration Number								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.											
Please recognize or change the correspondence address for the above-identified application to:											
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input type="checkbox"/> The address associated with Customer Number: <input type="text"/>											
<input type="checkbox"/> Firm or Individual Name <input type="text"/>											
Address <input type="text"/>											
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	<input type="text"/>								
Country <input type="text"/>	Telephone <input type="text"/>	Email <input type="text"/>	<input type="text"/>								
I am the:											
<input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)											
SIGNATURE of Applicant or Assignee of Record											
Signature <input type="text"/>	Date <input type="text" value="2/22/2008"/>										
Name <input type="text" value="Vita Golubovskaya"/>	Telephone <input type="text" value="1352 273 8074"/>										
Title and Company Inventor											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.											
<input checked="" type="checkbox"/> Total of <input type="text" value="2"/> forms are submitted.											